

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

00684.003208.1

First Named Inventor or Application Identifier

Chidane OUCHI

Express Mail Label No.

U.S. PTO
10/693880
22278
102803

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.

3. ☒ Specification Total Pages

4. ☒ Drawing(s) (35 USC 113) Total Sheets

5. ☒ Oath or Declaration Total Pages

a. ☐ Newly executed (original or copy)

b. ☒ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed Statement attached deleting
inventor(s) named in the prior application, see
37 CFR 1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (*Appendix*)

8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations

13. ☒ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Other: _____

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation

☒ Divisional

☐ Continuation-in-part (CIP) of prior application No. 09/893,636, filed June 29, 2001

Prior application information:

Examiner T.R. Artman

Group/Art Unit: 2882

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

05514

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

NAME

Address

City

State

Zip Code

Country

Telephone

Fax



| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--------|--|------------------|-------------------------------|-------------------------------|------------------|
| | TOTAL CLAIMS (37 CFR 1.16(c)) | 6-20 = | 0 | X \$ 18.00 = | \$0.00 |
| | INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 3-3 = | 0 | X \$ 86.00 = | \$0.00 |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) | | | \$290.00 = | \$0.00 |
| | | | | BASIC FEE (37 CFR 1.16(a)) | \$770.00 |
| | | | Total of above Calculations = | | \$770.00 |
| | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). | | | | |
| | TOTAL = | | | | \$770.00 |
| | | | | | |

19. Small entity status

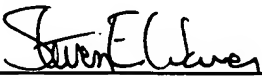
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.

21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | |
|---|---|
| NAME | Steven E. Warner |
| SIGNATURE |  |
| DATE | October 28, 2003 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
 Chidane OUCHI) Prior Examiner: T. R. Artman
 Application No.: Divisional of Appln. No.)
 09/893,636, filed June 29, 2001) Prior Group Art Unit: 2882
 Filed: October 28, 2003)
 For: INTERFERENCE SYSTEM AND)
 SEMICONDUCTOR EXPOSURE) October 28, 2003
 APPARATUS HAVING THE SAME)

Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment and Letter Submitting Substitute Specification in the above-identified application.

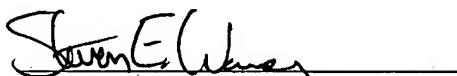
☒ No additional fee is required.

The fee has been calculated as shown below:

| CLAIMS AS AMENDED | | | | | | |
|---|----------------------------------|-------|---------------------------------|---------------|----------------|----------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 6 | MINUS | 20 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | 3 | MINUS | 3 | = 0 | x \$42 \$84 | \$0.00 |
| Fee for Multiple Dependent claims \$140/\$280 | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$0.00 |

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Steven E. Warner
Registration No. 33,326

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